

EXHIBIT 3

United States Department of Transportation - Office of Inspector General

Memorandum of Activity

Case Number: I18A0170900	Reporting Office: JRI-9 San Francisco	Type of Activity: Interview
Date of Activity: 04/17/2019	Date Report Drafted: 04/22/2019	Location of Activity: 8930 S. Sepulveda Blvd Suite 200 Los Angeles CA
Subject of Activity: BRATH, WILLIAM F.	Activity Conducted By (Name(s)): Reggie Lee	Signature: R L

On April 17, 2019, Doctor William Brath (Brath), Senior Aviation Medical Examiner (Sr. AME), was interviewed by SA Reggie Lee, USDOT-OIG and SA Andres Gonzalez, VA-OIG, at Express Care Medical Clinic, 8930 Sepulveda Blvd, Suite, Los Angeles, CA. After being advised of the identities of the interviewing agents and the nature of the interview, Brath provided the following information:

Brath is a Sr. AME who specializes in pilots suffering or recovering from alcoholism and/or those on anti-depressant medication. He has undergone special training as required by the Federal Aviation Administration (FAA) and recertifies annually through training and examinations.

AIRMAN MEDICAL CERTIFICATION PROCESS

In order to obtain an airman medical certification, an airman must first complete an application on FAA's MedXpress website. After answering questions to include medical history, the airman submits the application and receives a confirmation number. Then the airman is able to schedule an appointment with an AME for an evaluation. The AME will enter the confirmation number in their system and is able to access the airman's application. Based on the airman's medical status, the AME is able to approve and print the certificate at the office. However, if there are medical conditions that require additional evaluation, the AME will defer the application to the FAA for further review. The FAA maintains a list of medical conditions that require additional evaluation. Such conditions include, certain prescriptions, cancer, driving under the influence records, mental disorders, among others. Brath stated if an applicant checks yes to Question 18.y. Medical disability benefits, it would trigger additional screening. Medical disability benefits may include disability insurance benefits, unemployment benefits, Social Security benefits, and Veterans Affairs benefits. Brath also made it clear that there's a distinction between Question 18.m. Mental disorder of any sort; depression, anxiety, etc. and Question 18.o. Alcohol dependence or abuse and that there is no overlap if the applicant suffered from both conditions.

Brath indicated he recently had an airman who had issues for not checking Question 18.y. Medical disability benefits.

GREGORY CHRISMAN

After viewing Chrisman's FAA Form 8500 dated December 10, 2016, Brath confirmed Chrisman as one of his patients.

Brath was provided with Chrisman's FAA Form 8500 dated December 2018. Brath recognized the document and recalled having a conversation with Chrisman in December 2018 about the change in his answers. Specifically, Chrisman told Brath that VA was questioning things concerning his medical history.

During the December 2018 visit, Chrisman disclosed to Brath that he had been receiving VA disability benefits and provided him with a copy of the VA disability award letter. Until then, Brath had no idea Chrisman was

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receiving VA disability benefits. Chrisman then asked Brath to write a letter on his behalf stating Brath had already known about Chrisman's Post traumatic stress disorder (PTSD) and the VA disability benefits. Brath believed Chrisman was trying to put him in "the middle of this." Brath wrote a letter to Chrisman but that was not what Chrisman asked for. Brath believed the letter was provided to Chrisman's attorney.

Brath stated if he had learned about Chrisman's VA disability benefits in 2012, he would've deferred the application to the FAA so they could examine the VA records. However, Brath was not afforded that opportunity because Chrisman concealed that information.

Brath made it very clear that he never told Chrisman to answer "no" for Question 18.m. Mental disorder of any sort; depression, anxiety, etc. or Question 18.y. Medical disability benefits.

It was Brath's professional medical opinion that Chrisman does not currently suffer from PTSD. He based his decision on the evaluation of the psychologist and the neuropsychiatrist both of whom Brath had worked with extensively. During one of Chrisman's alcohol rehabilitations, there was a mention of a PTSD diagnosis but Brath was confident that Chrisman no longer suffered from it. Brath also received quarterly letter from Chrisman's colleague on his job performance and status. Given all the information, Brath was comfortable with Chrisman checking no for Question 18.m. Mental disorder of any sort; depression, anxiety, etc. However, there was no ambiguity with Question 18.y. Medical disability benefits.

(Agent's Note: Brath was contacted on April 29, 2019, for a follow-up.)

Brath clarified that if an airman discloses they're receiving a medical disability, it'll prompt the AME to ask follow up questions. During December 3, 2018's examination, Chrisman brought a letter from the VA about a medical disability benefits pertaining to PTSD. Chrisman stated he was working to correct the FAA forms. Brath did not get into Chrisman's PTSD because it was already well documented in the Human Intervention Motivation Study (HIMS) program.

Brath also clarified that Chrisman asked Brath to write a letter stating that the VA's PTSD rating was already included in the HIMS report. Brath said this was not true and could not write that. This had never been an issue prior to December 3, 2018. Brath indicated he would only provide a copy of the letter with Chrisman's concurrence.

Reviewed By (Initials): L G Date: 04/29/2019

FOR OFFICIAL USE ONLY

Public Availability to be determined under 5 US C 552

Copy of FAA Form 8500-9 (Medical Certificate) or FAA Form 8420-2 (Medical/Student Pilot Certificate) issued. GX-2947741 MEDICAL CERTIFICATE FIRST CLASS AND STUDENT PILOT CERTIFICATE This certifies that (Full name and address): GREGORY James CHRISMAN [Redacted] [Redacted] <table border="1" style="width:100%; text-align: center;"> <tr> <th>Date of Birth</th> <th>Height</th> <th>Weight</th> <th>Hair</th> <th>Eyes</th> <th>Sex</th> </tr> <tr> <td>[Redacted]</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>BROWN</td> <td>BROWN</td> <td>M</td> </tr> </table> has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate. <div style="border: 1px solid black; padding: 2px;"> Limitations: Must wear corrective lenses. </div> <table border="1" style="width:100%;"> <tr> <td style="width:50%;">Date of Examination 12/03/2018</td> <td style="width:50%;">Examiner's Designation No. 000013635</td> </tr> </table> <div style="border: 1px solid black; padding: 2px;"> Examiner: Signature [Redacted] Typed Name: WILLIAM BRATH </div> AIRMAN'S SIGNATURE		Date of Birth	Height	Weight	Hair	Eyes	Sex	[Redacted]	[Redacted]	[Redacted]	BROWN	BROWN	M	Date of Examination 12/03/2018	Examiner's Designation No. 000013635	<table border="1" style="width:100%;"> <tr> <td colspan="2">1. Application For: <input checked="" type="checkbox"/> Airman Medical Certificate <input type="checkbox"/> Airman Medical and Student Pilot Certificate </td> <td colspan="2">2. Class of Medical Certificate Applied For: <input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd </td> </tr> <tr> <td colspan="2">3. Last Name CHRISMAN</td> <td colspan="2">First Name GREGORY</td> </tr> <tr> <td colspan="2">4. Social Security Number [Redacted]</td> <td colspan="2">Middle Name James</td> </tr> <tr> <td colspan="2">5. Address [Redacted]</td> <td colspan="2">Telephone Number [Redacted]</td> </tr> <tr> <td colspan="2">Number / Street [Redacted]</td> <td colspan="2">CA [Redacted]</td> </tr> <tr> <td colspan="2">City [Redacted]</td> <td colspan="2">State / Country [Redacted]</td> </tr> <tr> <td colspan="2">Zip Code [Redacted]</td> <td colspan="2"></td> </tr> <tr> <td>6. Date of Birth [Redacted]</td> <td>7. Color of Hair BROWN</td> <td>8. 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18. Medical History - HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "yes" or "no"
 for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition. See Instructions Page

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart or vascular trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental disorders of any sort; depression, anxiety, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Military medical discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dizziness or fainting spell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance dependence or failed a drug test ever; or substance abuse or use of illegal substance in the last 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical rejection by military service
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unconsciousness for any reason	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alcohol dependence or abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rejection for life or health insurance
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye or vision trouble except glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suicide attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Admission to hospital
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hay fever or allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion sickness requiring medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other illness, disability, or surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma or lung disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical disability benefits

Arrest, Conviction, and/or Administrative Action History --- See Instructions Page

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> History of nontraffic conviction(s) (misdemeanors or felonies).
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Explanations: See Instructions Page
 See Form 8500-8 Continuation Sheet for Comments

19. Visits to Health Professional Within Last 3 Years. ☒ Yes (Explain Below) ☐ No See Instructions Page

Date	Name, Address, and Type of Health Professional Consulted	Reason
[Redacted]	[Redacted]	[Redacted]

-- NOTICE --
 Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both. (18 U.S. Code Secs. 1001; 3571).

20. Applicant's National Driver Register and Certifying Declarations
 I hereby authorize the National Driver Register (NDR), through a designated State Department of Motor Vehicles, to furnish to the FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.
NOTE: ALL persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.
 I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant

Date 12/01/2018 01:29:33 pm
MM/DD/YYYY

NOTE: FAA/Original Copy of the Report of Medical Examination Must be TYPED

REPORT OF MEDICAL EXAMINATION

21. Height (inches) ■	22. Weight (pounds) ■	23. Statement of Demonstrated Ability (SODA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Defect Noted:				24. SODA Serial Number			
CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN		Normal	Abnormal		
25. Head, face, neck, and scalp		X		37. Vascular system (Pulse, amplitude and character; arms, legs, others)		X			
26. Nose		X		38. Abdomen and viscera (Including hernia)		X			
27. Sinuses		X		39. Anus (Not including digital examination)		X			
28. Mouth and throat		X		40. Skin		X			
29. Ears, general (Internal and external canals; Hearing under item 49)		X		41. G-U system (Not including pelvic examination)		X			
30. Ear Drums (Perforation)		X		42. Upper and lower extremities (Strength and range of motion)		X			
31. Eyes, general (Vision under items 50 to 54)		X		43. Spine, other musculoskeletal		X			
32. Ophthalmoscopic		X		44. Identifying body marks, scars, tattoos (Size & location)		X			
33. Pupils (Equality and reaction)		X		45. Lymphatics		X			
34. Ocular motility (Associated parallel movement, nystagmus)		X		46. Neurologic (Tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)		X			
35. Lungs and chest (Not including breast examination)		X		47. Psychiatric (Appearance, behavior, mood, communication, and memory)		X			
36. Heart (Precordial activity, rhythm, sounds, and murmurs)		X		48. General systemic		X			

NOTES: Describe every abnormality in detail. Enter applicable item number before each comment. Use additional sheets if necessary and attach to this form.

49. Hearing		Record Audiometric Speech Discrimination Score Below	Right Ear					Left Ear					
Conversational Voice Test at 6 Feet <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail			Audiometer Threshold in decibels	500	1000	2000	3000	4000	500	1000	2000	3000	4000
50. Distant Vision				51.a. Near Vision				51.b. Intermediate Vision - 32 Inches				52. Color Vision	
Right 20/ 50 Corrected to 20/ 20 Left 20/ 50 Corrected to 20/ 20 Both 20/ 25 Corrected to 20/ 20				Right 20/ 40 Corrected to 20/ 20 Left 20/ 40 Corrected to 20/ 20 Both 20/ 25 Corrected to 20/ 20				Right 20/ 20 Corrected to 20/ 20 Left 20/ 20 Corrected to 20/ 20 Both 20/ 20 Corrected to 20/ 20				<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	
53. Field of Vision <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		54. Heterophoria 20' (in prism diopters)		Esophoria 0		Exophoria 0		Right Hyperphoria 0		Left Hyperphoria 0			
55. Blood Pressure (Sitting, mm of Mercury) <input type="text"/> Systolic <input type="text"/> Diastolic		56. Pulse (Resting) <input type="text"/>		57. Urine Test (if abnormal, give results) <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal				58. ECG (Date) Albumin Sugar MM DD YYYY					

59. Other Tests Given

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)		FOR FAA USE Pathology Codes: Coded By: Clerical Reject
See Form 8500-8 Continuation Sheet for Comments		
Significant Medical History <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Abnormal Physical Findings <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

61. Applicant's Name GREGORY James CHRISMAN	62. Has Been Issued -- <input checked="" type="checkbox"/> Medical Certificate <input type="checkbox"/> Medical & Student Pilot Certificate <input type="checkbox"/> No Certificate Issued -- Deferred for Further Evaluation <input type="checkbox"/> Has Been Denied -- Letter of Denial Issued (Copy Attached)
---	--

63. Disqualifying Defects (List by item number)
--

64. Medical Examiner's Declaration -- I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.
--

Date of Examination MM DD YYYY 12/03/2018	Aviation Medical Examiner's Name WILLIAM BRATH	Aviation Medical Examiner's Signature
	Street Address 8930 S SEPULVEDA BLVD STE 200	
	City LOS ANGELES State CA Zip Code 90045	
	AME Serial Number 000013635	
	AME Telephone (310) 641-8111	

Form 8500-8 Continuation Sheet

Applicant Name: GREGORY James CHRISMAN

Applicant MID: 200008464331

Transmitted to FAA : 12/04/2018 03:48:17 pm

17.a.Medications (From page 1):

Medication

Previously Reported

Yes

No

18. Explanations (From page 1):

18D 10/2008- [REDACTED] Dr. Beverly Sarver, San Mateo, CA.

18M 9/14/2008 Post-traumatic stress disorder with narcissistic and histrionic traits as diagnosed by Betty Ford Alcohol Treatment Center. Please refer to previous HIMS documentation, to include follow up evaluations with Dr. Elliott and Dr. Rozansky. 8/25/2011 Post-traumatic stress disorder with secondary depression and alcohol abuse as diagnosed by the VA. Please refer to accompanying VA documentation. Note: PTSD/Depressive mood evaluations not verified by HIMS evaluations.

18O 8/16/2008 Entered treatment for Alcoholism. Please refer to previous HIMS documentation.

18Y 2/2010-8/2011 Received CA State disability insurance and LTD (Long Term Disability) insurance while on extended sick leave for alcoholism. 8/25/2011 Awarded VA disability benefit. Please refer to accompanying VA documentation.

18m: History of PTSD previously reported was previously on HIMS 18o: Maintaining sobriety off SI [REDACTED] 1964 18x: [REDACTED] performed 11/1990 18y: He is making some correction to his 8500 form letter from pilot to follow. FAA 8500 dated 4/14/2009 showed "yes" response on line n. That entry was made in error.

19. Visits to Health Professional Within Last 3 Years. (From page 1):

04/2017 Dr. Dennis Park

[REDACTED] Orthopedic Surgeon

25 - 48. Notes (From page 2):

59. Other Tests Given (From page 2)

60. Comments on History and Findings (From page 2)

18m: History of PTSD previously reported was previously on HIMS

18o: Maintaining sobriety off SI

AME Actions

Applicant Previously Assessed

☐ 1. Has OSA diagnosis and is on Special Issuance. Reports to follow.☐ 2. Has OSA diagnosis and is currently being treated OR has previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk

☒ 3. Determined to NOT be at Risk for OSA at this examination.

Applicant at Risk/Severity to be Assessed.


☐ 4. Discuss OSA Risk with airman and provide education material.☐ 5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

Applicant Risk. Severity high

☐ 6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

Gregory J. Chrisman


December 3, 2018

To Whom It May Concern: 

Please note the following changes to my FAA 8500-8, under question 18. Included is supplemental documentation to accompany MedXpress submission 227826618459.

I have previously not checked yes on the "m." block. Until now I believed reporting my alcoholism and participation in the HIMS program addressed these issues.

I have previously not checked yes on the "y." block. I was completely unaware that this included California Disability Insurance and the Long Term Disability Insurance used, while on extended sick leave for HIMS treatment, after my sick bank had exhausted. I began receiving Veterans Administration Disability Benefits in October 2011. I should have reported it during my December 2011 physical, but neglected to. I realized my error a physical or so later. I should have corrected it, but frankly, allowed myself to let fear overtake me, and did not.

I continuously strive for self-improvement and healthy living. Embracing a sober lifestyle has done wonders for my attitude and emotional state. Even the frequency and intensity of my back pain and ear ringing continue to diminish.

Please do not hesitate to contact me. I will provide open and honest answers to any questions you may have. My deepest apologies for the complications I have created. I assure you this process will receive my absolute, utmost attention and inquiry from this point forward.

Thank you,



Gregory J. Chrisman

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AEROSPACE MEDICINE
OKLAHOMA CITY, OK
2018 DEC 10 P 1:44

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